## PART B—ISSUE FEE TRANSMITTAL Complete and mail this forms together with apple e fees, to: Box ISSUE FEE

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231



(Depositor's name)

(Signature)

**DATE MAILED** 

(Date)

エリ

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be bringleted where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**FILING DATE** 

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MORRISON AND FOERSTER
2000 PENNSYLVANIA AVENUE N W
WASHINGTON DC 20006

APPLICATION NO.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Joy Day

**EXAMINER AND GROUP ART UNIT** 

Sept. 14, 2000

no	7918 288	08/25/97	040	SPECTO	R, L		1646	06/15/00
First Named Applicant	BOIME,		35	USC 154(	o) term ext	t. =	0 Day	5.
ITLE OF IVENTION Y SIN	•	N FORMS OF TH	E GLYCOP	ROTEIN H	ORMONE QUAI	RTET		
ATTY'S DO	CKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	/ FEE DI	JE	DATE DUE
	:950 <u>020</u> 05		u / a u	88 UTI	LITY NO	\$12	10.00	09/15/00
Use of PTO form  ☐ Change of co	n(s) and Customer	s or indication of "Fee Address Number are recommended, bu ess (or Change of Correspond	(1) the names attorneys or a the name of	ing on the patent front page, list less of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent)  Morrison & Foerster LLI or Morrison & Foerster LLI or Agents OR, alternatively, (2) or a single firm (having as a registered attorney or agent)				
PTO/SB/122) at	tached.	and the name	s of up to 2 registered p gents. If no name is liste	atent	3			
PLEASE NOTE Inclusion of ass	: Unless an assigne signee data is only a eing submitted und nent.	CE DATA TO BE PRINTED OF se is identified below, no assig- appropiate when an assignmen er separate cover. Completion Washington Unive	ar on the patent.	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  ☐ Issue Fee ☐ Advance Order - # of Copies				
(B) RESIDENC	E: (CITY & STATE	OR COUNTRY) St. Lo	4b. The following *** deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER  (ENCLOSE AN EXTRA COPY OF THIS FORM)					
Please check the appropriate assignee category indicated below (will not be printed on the patent)    Issue Fee   Issue Fee								
Authorized Signat	ure) Lace	AND TRADEMARKS IS reques Muraelu , Reg. No. 29,95	(Date		lication identified above			
NOTE; The Issue I or agent; or the as Trademark Office.	Fee will not be acce signee or other part	pted from anyone other than they in interest as shown by the re	ne applicant; a regi ecords of the Pater	nt and	09/20/2000 DI	resserz 00000	027 089188	258
depending on the to complete this Office, Washingt	e needs of the indir form should be se on, D.C. 20231. D ND FEES AND TH	m is estimated to take 0.2 how vidual case. Any comments ant to the Chief Information of O NOT SEND FEES OR CO IIS FORM TO: Box Issue Fe	on the amount of Officer, Patent ar OMPLETED FOF	time required nd Trademark RMS TO THIS	01 FC:142 02 FC:561			210.00 07 42.00 07

**TOTAL CLAIMS** 

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

nplete and mail this form, together with appl

-ISSUE FEE TRANSMITTAL

e fees. to:

**Box ISSUE FEE** Assistant Commissioner for Patenta Washington, D.C. 20231



CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class

Kate H. Muras	shige	HM12/0615		mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.				
MORRISON AN 2000 PENNSY	LVANIA AVENU	E N W		Joy Day		(Depositor's name)		
WASHINGTON	DC Sonne					(Signature)		
			Ī	Sept. 14	(Date)			
APPLICATION NO.	PPLICATION NO. FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT					DATE MAILED		
00/018 788	08/25/97	040	SPECTOR:	, L	1646	06/15/00		
First Named Applicant		35 US	C 154(b	) term ext.	= 0 Da	YS.		
ATTY'S DOCKET NO.	N FORMS OF TH		APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE		
	025 <u>435-06</u>	9.700 N88	) UTIL	.ITY NO	\$1210.00	09/15/00		
1. Change of correspondence address Use of PTO form(s) and Customer  Change of correspondence address PTO/SB/122) attached.  "Fee Address" indication (or "Fee	s or indication of "Fee Addre Number are recommended, t ess (or Change of Correspor	ss" (37 CFR 1.363). out not required. ondence Address form	(1) the names of attorneys or ag the name of a member a regi	on the patent front page, list of up to 3 registered patent ents OR, alternatively, (2) a single firm (having as a istered attorney or agent) of up to 2 registered patent ents. If no name is listed, no inted.	2	n & Foerster LLI		
	ee is identified below, no ass appropiate when an assignm er separate cover. Completi Washington Univ	signee data will appear or ent has been previously on of this form is NOT a	n the patent. submitted to subsititue for	a. The following fees are elected of Patents and Tradema  Issue Fee  Advance Order - # of  Ib. The following ※※ ★ de	rks):  Copies 14  ficiency in these fees			
(B) RESIDENCE: (CITY & STATE  Please check the appropriate assignment of the company of the comp	the patent)	DEPOSIT ACCOUNT NUMBER(ENCLOSE AN EXTRA COPY OF THIS FORM)  Issue Fee						

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

government g

ar Wursling (Date) (Authorized Signature) Murashige, Reg. No. 29,959 14, 20D0 Sept.

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Corporation or other private group entity

☐ individual

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE

Advance Order - # of Copies